Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

|   |  |   | P16918                                |                      |                                 |                  |             |                    |  |       |                               |                        |
|---|--|---|---------------------------------------|----------------------|---------------------------------|------------------|-------------|--------------------|--|-------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART<br>(Column 1)  |  |   |                                       |                      |                                 | mn 2)            | SMA<br>TYPI | ALL ENTITY         |  | OR    | OTHER THAN<br>OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   | 22                                    |                      |                                 |                  | R/          | ATE.               | FEE  | 1     | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED                          |                      | NUMB                            | NUMBER EXTRA     |             | C FEE              | 385.00   | OR    | BASIC FEE                     | 770.00                 |
| то  | TAL CHARGEA                                    | BLE CLAIMS                                | 22 - min                              | nus 20=              | * 9                             | * 9              |             | 9=                 |  | OR    | X\$18=                        | 36.                    |
| INE   | EPENDENT CL                                    | AIMS                                      | 3_ mi                                 | inus 3 =             | 10                              |                  | X           | 13=                | <del>                                     </del> | OR    | X86=                          |                        |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT                                |                      |                                 |                  |             | <del></del><br>45= | <del>                                     </del> | OR    | +290=                         |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                      |                                 |                  | TAL         |                    | OR   | TOTAL | 8060                          |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                      |                                 |                  |             |                    | ·  |       | OTHER                         | THAN                   |
| (Column 1)  |  |   |                                       | (Colur               |                                 | (Column 3)       | SM          | ALL                | ENTITY   | OR    | SMALL                         |                        |
| ENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                       |                      |                                 | PRESENT<br>EXTRA | RA          | ATE                | ADDI-<br>TIONAL<br>FEE                           |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus                                 | **                   |                                 | =                | ×s          | 9=                 |  | OR    | X\$18=                        |                        |
| ME  | Independent                                    | *   | Minus                                 | ***                  |                                 | =                | , X4        | 13=                |  | OR    | X86=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT (     |   |                                       |                      |                                 |                  | +1          | 45=                |  | OR    | +290=                         | *                      |
|   |  |   |                                       | TOTAL OR ADDIT. FEE  |                                 |                  |             |                    |  |       |                               |                        |
|   | · • :  | : (Column 1)                              | ADUIT. FEE ADUIT. TEE                 |                      |                                 |                  |             |                    |  |       |                               |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | R/          | ATE.               | ADDI-<br>TIONAL<br>FEE                           |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus                                 | **                   |                                 | =                | X           | 9=                 |  | OR    | X\$18=                        |                        |
| \ME!  | Independent                                    | * .                                       | Minus                                 | ***                  |                                 | =                | X           | 13=                |  | OR    | X86=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                      |                                 |                  |             | 45=                |  | OR    | +290=                         |                        |
|   |  |   |                                       |                      |                                 |                  |             | TOTAL<br>T. FEE    |  | OR    | TOTAL<br>ADDIT, FEE           |                        |
|   |  | (Column 1)                                |                                       | (Colu                | ımn 2)                          | (Column 3)       |             |                    |  |       |                               |                        |
| AMENDMENT C   | :  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI         | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA | R/          | ATE                | ADDI-<br>TIONAL<br>FEE                           |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
| VDME  | Total  | *   | Minus                                 | **                   |                                 | = .              | X           | S 9=               |  | OR    | X\$18=                        |                        |
| \ME   | Independent                                    | *   | Minus                                 | ***                  |                                 | =                | X           | 13=                |  | OR    | X86=                          |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                      |                                 |                  |             | 45=                | <del>                                     </del> | OR    |                               | <u> </u>               |
| •   | If the entry in colu                           | ımn 1 is less than t                      | the entry in col                      | umn 2, writ          | te "0" in c                     | olumn 3.         | <u> </u>    | TOTAL              |  | ł     | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                      |                                 |                  |             |                    |  |       |                               |                        |
|   | ····o ····goct ···o                            | ,   |                                       |                      | •                               | •                |             |                    |  |       |                               |                        |